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** CONTINUING DATA ***** This application is a 371 of PCT/IL04/00653 07/18/2004 which claims benefit of 60/488,717 07/18/2003				
** FOREIGN APPLICATIONS *****				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 12/12/2006				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 11
Examiner's Signature _____ Initials _____				INDEPENDENT CLAIMS 1
ADDRESS 49443				
TITLE METHOD FOR CORRECTING CRITICAL DIMENSION VARIATIONS IN PHOTOMASKS				
FILING FEE RECEIVED 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	